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Name: Iessica Bonham

Ziono

Signature

Signature

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Gunn III, et al

Serial No.: 10/820,631

Examiner: Nguyen, Jimmy

Filed: 4/7/0004

Filed: 4/7/2004 Art Unit: 2829

For: Wafer-Level Testing of Optical and Optoelectronic Chips

overpayment to Deposit Account No: 500482.

Commissioner of Patents P.O. Box 1450

Dear Sir:

Alexandria, VA 22313-1450

## **AMENDMENT TRANSMITTAL LETTER**

1. TRANSMITTED DOCUMENTS: the being transmitted herewith.  X a. An Amendment for this applica b. Substituted Formal Drawings:  C. A Petition For Extension of Tin d. An Information Disclosure Stat X e. A stamped, self-addressed, return f. A Check (#) for \$	tion: _11_ pages. sheets. ne For Response under 37 CFR 1	1.136(a) incorporated herein.	ion are
X e. A stamped, self-addressed, retu		)	
f. A Check (#) for \$		of this correspondence.	
<ul> <li>2. APPLICANT FILING STATUS:</li> <li>a. Applicant is a Large Entity.</li> <li>b. Applicant is a Small Entity.</li> </ul>			
3. EXTENSION OF TIME:			
a. Applicant petitions for an extension below (fees pursuant to 37 C.F.F.		6 for the total number of months cho	ecked
Extension of Time	Large Entity Fee	Small Entity Fee	
i. One (1) month.	\$ 120.00	\$ 60.00	
ii. Two (2) month.	\$ 450.00	\$ 225.00	
iii. Three (3) month.	\$1,020.00	\$ 510.00	
iv. Four (4) month.	\$ 1,590.00	\$ 795.00	
v. Five (5) month.	\$ 2,160.00	\$ 1080.00	
Extension Time Fee Total:0	<u>0</u> .		
X b. Applicant believes that no extens	ion of time is required. Howeve	r, this conditional petition is being m	iade in

case Applicant has inadvertently overlooked the need for a petition for extension of time, the Commissioner is

hereby authorized to charge any necessary amount associated with this communication or credit any

## 4. FEE CALCULATION:

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

The full fee due in connection with this communication is provided as follows:

Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid	Present Extra Claims	Fee Rate	Total
a. Total Claims	25	- 84 =	0	x \$ 50.00 Large Entity x \$ 25.00 Small Entity	\$.00
b. Independent Claims	1	- 4=	0	x \$200.00 Large Entity x \$100.00 Small Entity	\$.00
c. Multiple Deper	ndent Claims Added	By This Amendment		x 360.00 Large Entity x 180.00 Small Entity	
d. Extension of T	ime Fee Total, if any	, from above EXTEN	SION OF TIME	E section 3a.	\$.00
	s Required With This for Information Disc				\$.00
e. Total Fees					\$.00

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	The Commissioner is hereby authorized to charge the fees associated with this communication or credit any overpayment to <b>Deposit Account No: 500482</b> . A <u>duplicate copy</u> of this authorization is enclosed.
	A Check # for \$ for the above specified Total Fee is enclosed. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge the necessary additional amount associated with this communication or credit any overpayment to <b>Deposit Account No:</b> 500482.
<u>X</u>	Applicant does not believe that any payment of fee is needed in association with this communication. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge any necessary amount associated with this communication or credit any overpayment to <b>Deposit Account No:</b> 500482.

Please direct all correspondence concerning the above-identified application to the following address:

**CUSTOMER NO: 22877** 

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Phone: (650) 325-4999 Fax: (650) 325-1203

Respectfully submitted,

DENNIS S. FERNANDEZ

Registration No. 34,160

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